**Electronic Data Interchange (EDI)
New Standards and Operating Rules
VHA Provider-side Technical Compliance Requirements
VA118-1001-1018**

**eIV System Modifications**

**Integrated Billing (IB)**

**RELEASE NOTES/Installation Guide**
IB*2*506

**May 2014**

# Table of Contents

# 1 Introduction

This Integrated Billing (IB) patch introduces substantial changes to VistA's electronic Insurance Verification (eIV) Eligibility Inquiry and Response Processing in order to meet the Committee on Operating Rules for Information Exchange (CORE) Operating Rules.

```
   APPLICATION/VERSION                                    PATCH
   ------------------------------------------------------------
   INTEGRATED BILLING (IB) V. 2.0                         IB*2*506
```

This patch (IB*2*506) is being released in the Kernel Installation and Distribution System (KIDS) distribution.

## 1.1   Documentation and Distribution

Updated documentation describing the new functionality introduced by this patch is available.

The preferred method is to File Transfer Protocol (FTP) the files from ftp://download.vista.med.va.gov/.  This transmits the files from the first available FTP server. Sites may also elect to retrieve software directly from a specific server as follows:

```
 Albany          ftp.fo-albany.med.va.gov  <ftp://ftp.fo-albany.med.va.gov>
 Hines           ftp.fo-hines.med.va.gov   <ftp://ftp.fo-hines.med.va.gov>
 Salt Lake City ftp.fo-slc.med.va.gov      <ftp://ftp.fo-slc.med.va.gov>
```

Documentation can also be found on the VA Software Documentation Library at:
http://www4.va.gov/vdl/

```
Title                            File Name          FTP Mode
---------------------------------------------------------------------
IB eIV System Modification Compliance
 Release Notes/Installation Guide
 (IB*2.0*506)                    ib_2_p506_rn.pdf      Binary

Electronic Insurance Verification
 User Guide                      ib_2_0_eIV_ug_r0514.pdf    Binary

Electronic Insurance Verification
 Technical Manual/Security Guide     ib_2_0_eIV_tm_r0514.pdf    Binary

Integrated Billing (IB) V. 2.0
 Technical Manual                ib_2_0_tm_r0514.pdf       Binary
```

# 2 Patch Description and Installation Instructions

## 2.1 Patch Description

```
========================================================================
Run Date: JUN 06, 2014                  Designation: IB*2*506
Package : INTEGRATED BILLING            Priority   : MANDATORY
Version : 2                             Status     : COMPLETE/NOT RELEASED
========================================================================


Associated patches: (v)IB*2*142    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*276    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*399    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*416    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*435    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*438    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*479    <<= must be installed BEFORE `IB*2*506'
                    (v)IB*2*497    <<= must be installed BEFORE `IB*2*506'


Subject:  EIV SYSTEM MODIFICATIONS

Category:  ROUTINE
           DATA DICTIONARY
           ENHANCEMENT
           INPUT TEMPLATE
           OTHER

Description:
===========


This Integrated Billing (IB) patch introduces substantial changes to
Veterans Health Information Systems & Technology Architecture (VistA)'s
electronic Insurance Verification (eIV) eligibility inquiry and
response processing in order to meet the Committee on Operating Rules for
Information Exchange (CORE) Operating Rules.


Complete list of patch items:

1.  Revised the insurance buffer views and actions.

    a) The new default view for those who select the option PROCESS
       INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS] is the "Complete
       Buffer".  The "Complete Buffer" view consists of a list of all
       insurance buffer entries that have the status of 'ENTERED'.

    b) Added a new insurance buffer view "Failure Buffer", which consists
       of a list of all entries that have the status of 'ENTERED' and has
       the eIV symbol of "!".

    c) The insurance buffer view "Future Appointments" has been removed.

    d) The action (VE) VERIFY ENTRY has been removed.
```

e) A new action (ES) ESCALATE ENTRY has been introduced with this
   patch.  More details regarding this action are listed below.

2.  The ability to escalate an insurance buffer entry was introduced with
    this patch.

    a) Two new security keys were added to VistA as a result of this
       patch. If a user selects the option PROCESS INSURANCE BUFFER
       [IBCN INSURANCE BUFFER PROCESS] and they have neither of the new
       security keys (IB INSURANCE COMPANY EDIT and IB GROUP PLAN EDIT),
       then the only insurance buffer records that are displayed to them
       would be entries for eIV confirmed active policies ("+" entries)
       when the patient in that record has an active policy on file in
       VistA.  Other active policies marked with an "$" eIV symbol will
       not be displayed to these users.

    b) Only users with neither of the new security keys (IB INSURANCE
       COMPANY EDIT and IB GROUP PLAN EDIT), may use the new action
       (ES) ESCALATE ENTRY within the option PROCESS INSURANCE BUFFER
       [IBCN INSURANCE BUFFER PROCESS].

    c) The "+" eIV symbol of insurance buffer entries that have been
       escalated using the new action (ES) ESCALATE ENTRY, will be
       replaced with an "$" eIV symbol.

3.  Disabled the ability to create a new Insurance Company and/or a new
    Group/Plan in VistA through the option PROCESS INSURANCE BUFFER [IBCN
    INSURANCE BUFFER PROCESS].

4.  The name of the VistA file that stores the records for the Insurance
    Buffer has been renamed from the "INSURANCE BUFFER" to the
    "INSURANCE VERIFICATION PROCESSOR".  The file number and file layout
    remain the same.  The patch includes the DATE ENTERED (#355.33,.01)
    field although it was not changed, in order for KIDS to update the
    file name of the file #355.33 on the system where this patch is being
    installed.

5.  Modified the daily eIV registration message that is automatically sent
    by VistA via a Health Level 7 (HL7) message to the Financial Service
    Center (FSC) in Austin, TX.  The updated message now includes
    additional data regarding the site's current eIV Site Parameter
    settings.

6.  Modified the eIV Site Parameters that are viewed/edited using the
    option MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS].

    a) The value of the existing FRESHNESS DAYS field (#350.9,51.01),
       which controls the days between electronic re-verification checks,
       is now controlled by FSC through HL7 messages. This field may no
       longer be edited using the option MCCR SITE PARAMETER DISPLAY/EDIT
       [IBJ MCCR SITE PARAMETERS].

    b) The existing TIMEOUT DAYS field (#350.9,51.05) which controls the
       number of days between when an eIV inquiry is sent to FSC and when
       the eIV system determines that FSC did not send an eIV response in
       time.  The value of this existing field is now controlled by FSC
       through HL7 messages.

    c) The new RETRY FLAG field (#350.9,51.26) which controls whether
       VistA will retransmit an eIV inquiry if an eIV response is not
       received from FSC within the value of the TIMEOUT DAYS
       (#350.9,51.05).  This flag is controlled by FSC.

d) The value of the existing field HL7 RESPONSE PROCESSING
        (#350.9,51.13) is no longer displayed within the eIV Site
        Parameters.  The value of this field may no longer be edited using
        the option MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE
        PARAMETERS].

7.  Modified VistA's retry methodology (resending inquiries to FSC)
    so that any payer's eIV response will be considered a final
    response to the eIV inquiry.  Prior to this change, payer's eIV
    response could result in an eIV inquiry being resent to the payer
    (with no modifications to the eIV inquiry) every few days without
    actually providing an answer to the eligibility inquiry itself.

8.  The option INSURANCE COMPANY ENTRY/EDIT [IBCN INSURANCE CO EDIT] has
    been locked with the new security key IB INSURANCE COMPANY EDIT.

9.  The ability to add a new group/plan through the option PATIENT
    INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE] has been locked
    with the new security key IB GROUP PLAN EDIT.

10. The option EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT] has been
    modified to include the associated eligibility benefit information.

11. For the following options, the display of eligibility benefits has
    been modified with this patch to include a summary of key elements of
    data when available.  This summary will contain the Coverage Status
    and Coverage Type for all payers that send this information in their
    eIV response. When the software determines that the eIV eligibility
    data from Medicare payers indicate possible other insurance for that
    patient, this information will be included in the summary of key data
    elements. This change to the display of eligibility information
    applies to the following options:

    a) PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS]

    b) PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE]

    c) EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT]

    d) THIRD PARTY JOINT INQUIRY [IBJ THIRD PARTY JOINT INQUIRY]

12. The EIV STATISTICAL REPORT [IBCNE IIV STATISTICAL REPORT] was modified
    to include 'Escalated' records in the insurance buffer breakout of the
    eIV symbols.

13. Increased the length of field ORIGINAL SUBSCRIBER ID (#365.1,1.05)
    from 20 to 80 characters.

14. Increased the length of field HL7 SUBSCRIBER ID FIELD (#365.1,.16)
    from 20 to 80 characters.


Patch Components
================


Files & Fields Associated:

File Name (#)                                           New/Modified/

```
    Sub-file Name (#)    Field Name (Number)              Deleted
-------------------   -------------------------------   -------------
PATIENT (#2)                                            Modified
  INSURANCE TYPE sub-file (#2.312)                      Modified
                      REQUESTED SERVICE DATE (#8.01)    New
                      REQUESTED SERVICE TYPE (#8.02)    New
IB SITE PARAMETERS (#350.9)                             Modified
                      RETRY FLAG (#51.26)               New
INSURANCE VERIFICATION PROCESSOR (#355.33)              Modified
                      DATE ENTERED (#.01)               Modified
IIV STATUS TABLE (#365.15)                              Modified
                      CODE (#.01)                       Modified
IIV TRANSMISSION QUEUE (#365.1)                         Modified
                      HL7 SUBSCRIBER ID FIELD (#.16)    Modified
                      ORIGINAL SUBSCRIBER ID (#1.05)    Modified
```

Mail Groups Associated:

```
                                                  New/Modified/
Mail Group Name                                     Deleted
---------------                                   -------------
N/A
```

Options Associated:

```
                                                  New/Modified/
Option Name                 Type                    Deleted
-----------                 ----                  -------------
IBCN INSURANCE CO EDIT      run routine           Modified
```

Protocols Associated:

```
                                                  New/Modified/
Protocol Name                                       Deleted
-------------                                     -------------
IBCNB ENTRY ESCALATE                              New
IBCNB ENTRY SCREEN MENU                           Modified
IBCNB ENTRY VERIFY                                Delete
IBCNB LIST APPOINTMENTS VIEW                       Delete
IBCNB LIST COMPLETE VIEW                          New
IBCNB LIST FAILURE VIEW                           New
IBCNB LIST SCREEN MENU                            Modified
```

Security Keys Associated:

```
                                                  New/Modified/
Security Key Name                                   Deleted
-----------------                                 -------------
IB GROUP PLAN EDIT                                New
IB INSURANCE COMPANY EDIT                         New
```

Templates, Input Associated:

```
                                                  New/Modified/
Template Name      Type     File Name (Number)      Deleted
-------------      ----     ------------------    -------------
IBCNE GENERAL      Input    IB SITE PARAMETERS (#350.9) Modified
PARAMETER EDIT
```

```
Templates, List Associated:
                                           New/Modified/
TEMPLATE Name                 Type             Deleted
-------------                 ----         ------------
IBCNB INSURANCE BUFFER ENTRY  List             Modified
IBCNB INSURANCE BUFFER LIST   List             Modified


Additional Information:

New Service Requests (NSRs)
---------------------------
#20110503  Electronic Data Interchange (EDI) New Standards and Operating
Rules (Veterans Health Administration) VHA Provider-Side TCRs.


Patient Safety Issues (PSIs)
----------------------------
N/A


Remedy Ticket(s) & Overview
---------------------------
N/A


Test Sites:
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Wilmington, DE
Madison, WI
Memphis, TN
Denver, CO (East Colorado HCS)
```

## 2.2    Pre/Post Installation Overview

```
Pre/Post Installation Overview
------------------------------
Two new security keys were added as a result of this patch.  These keys
need to be assigned to the appropriate folks as determined by the site.

 a) The security key IB INSURANCE COMPANY EDIT is to be assigned to users
    who are authorized to add new insurance companies in VistA.

 b) The security key IB GROUP PLAN EDIT is to be assigned to users who are
    authorized to add new group plans and individual plans in VistA.


There is a post install routine, IBY506PO that is included in this patch.
After the patch has been installed the post install routine may be deleted
by the site.

1.  Initializes several eIV site Parameters

2.  Loops through the IIV TRANSMISSION QUEUE file (#365.1) and performs
    the following for all entries with a TRANSMISSION STATUS (#365.1,.04)
    that has a value of HOLD.

    a) Changes the TRANSMISSION STATUS (#365.1,.04) to COMMUNICATION
       FAILURE.

    b) Identifies all associated entries in the IIV RESPONSE file (#365)
```

and changes the TRANSMISSION STATUS (#365,.06) to COMMUNICATION
FAILURE unless it currently has the status of RESPONSE RECEIVED.

    c) Identifies any associated insurance buffer entry and changes the
       eIV symbol to be "#" and indicate that a communication failure
       occurred.


3.  Adds two new entries to the existing IIV STATUS TABLE (#365.15)

4.  A one-time subscriber update utility must be scheduled upon
    installation of the patch. Unless the installation is queued, the
    post-install will prompt the installer of the patch to schedule this
    activity for off-hours.  If the installation is queued, the new update
    utility will be scheduled for tomorrow at 9 PM.  NOTE: This part of
    the process does NOT require that IB users be off the system, or
    un-scheduling of the eIV Nightly Process [IBCNE IIV BATCH PROCESS]
    option.  A message will be sent to the MailMan mailbox of the installer,
    upon successful completion of the subscriber update process.  It is
    recommended that one look for the MailMan message 24 hours after the
    process is scheduled to run.

    The subject of the message will be "Subscriber Update Has Completed".


## 2.3    Installation Instructions

```
Installation Instructions
-------------------------
This patch may be installed with users on the system although it is
*strongly* recommended that it be installed during non-peak hours to
minimize potential disruption to users.  This patch should take less
than 5 minutes to install.

The following Menu Options at the site should be disabled during
install:

  PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS]
  MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS]
  INSURANCE COMPANY ENTRY/EDIT [IBCN INSURANCE CO EDIT]
  PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE]
  EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT]
  THIRD PARTY JOINT INQUIRY [IBJ THIRD PARTY JOINT INQUIRY]



Pre-Installation Instructions
-----------------------------

1.  Choose the PackMan message containing this patch.

2.  Choose the INSTALL/CHECK MESSAGE PackMan option.

3.  From the Kernel Installation and Distribution System Menu, select
    the Installation Menu.  From this menu, you may elect to use the
    following option. When prompted for the INSTALL enter the patch
    IB*2.0*506:

    a.  Backup a Transport Global - This option will create a backup
        message of any routines exported with this patch. It will not
```

backup any other changes such as Data Dictionaries (DD's) or
templates.
b. Compare Transport Global to Current System - This option will
allow you to view all changes that will be made when this patch
is installed.  It compares all components of this patch
(routines, DD's, templates, etc.).
c. Verify Checksums in Transport Global - This option will allow
you to ensure the integrity of the routines that are in the
transport global.

4. From the Installation Menu, select the Install Package(s) option and
choose the patch to install.

5. 355.33   INSURANCE VERIFICATION PROCESSOR  (Partial Definition)
*BUT YOU ALREADY HAVE 'INSURANCE BUFFER' AS FILE #355.33!
Shall I write over your INSURANCE BUFFER File? YES//

6. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of
Install? YES//YES'
***************************IMPORTANT*******************************
You must answer 'Yes' to the Want KIDS to Rebuild Menu Trees Upon
Completion of Install? YES//' prompt.
Failure to do so will cause the Insurance Buffer to not function
properly until the rebuild runs at night.
******************************************************************

7. When prompted 'Want KIDS to INHIBIT LOGONs during the install?
NO//'

8. When prompted 'Want to DISABLE Scheduled Options, Menu Options,
and Protocols? YES//YES'

    When prompted 'Enter options you wish to mark as 'Out Of Order':
        Enter the following options one at a time:

        PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS]
        MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS]
        INSURANCE COMPANY ENTRY/EDIT [IBCN INSURANCE CO EDIT]
        PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE]
        EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT]
        THIRD PARTY JOINT INQUIRY [IBJ THIRD PARTY JOINT INQUIRY]

    When prompted 'Enter protocols you wish to mark as 'Out Of Order':
        Press the Return or Enter key as there are no protocols that
        needs to be marked as 'Out of Order'.

9. If prompted "Delay Install (minutes):  (0 - 60): 0// respond 0.

10. There is no need to queue the install.  At the 'DEVICE' prompt, hit
the return key which will enable the Install to run in the foreground.
a '^' to abort the install.

    DEVICE: HOME//

11. A one-time subscriber update utility must be scheduled upon
installation of the patch. During installation, the post-install
routine prompts for the installer to schedule the one time subscriber
update utility and will not complete installation until it is
scheduled.

The following shows an example of the message and then the date/time prompt
that is generated:

Creating Task to Update the Insurance Type File...
*************************** IMPORTANT!! ******************************
This option will scan through the entire Patient File for patients with
insurance where the relationship to insured is self. Certain fields in
Insurance Type sub-file will be updated to match the patient data if it
does not already exist. This will take a while and must be queued to run
in the background when there are few users on the system. The default is
tomorrow at 9:00 p.m.

Enter date/time to queue the option: T+1@2100//



Post-Installation Instructions
------------------------------
Post-Installation Instructions
------------------------------
1. Two new security keys were added as a result of this patch. These keys
   need to be assigned to the appropriate folks as determined by the site.

 a. The security key IB INSURANCE COMPANY EDIT is to be assigned to users
    who are authorized to add new insurance companies in VistA and/or
    users who currently have the IB EDI INSURANCE EDIT security key
    assigned to them.

 b. The security key IB GROUP PLAN EDIT is to be assigned to users who are
    authorized to add new group plans and individual plans in VistA.

2. A message will be sent to the MailMan mailbox of the installer,
   upon successful completion of the subscriber update process. It is
   recommended that one look for the MailMan message 24 hours after the
   process is scheduled to run.

   The subject of the message will be "Subscriber Update Has Completed".


3. There is a post install routine, IBY506PO that is included in this
   patch. After the patch has been installed the post install routine may
   be deleted by the site.



Routine Information:
====================

The second line of each of these routines now looks like:
 ;;2.0;INTEGRATED BILLING;**[Patch List]**;21-MAR-94;Build 74

The checksums below are new checksums, and
 can be checked with CHECK1^XTSUMBLD.

Routine Name: IBCNBAA
    Before: B67963575   After: B75234738  **82,184,246,416,506**
Routine Name: IBCNBLA
    Before: B65832730   After: B68621473  **82,149,153,184,271,416,506**
Routine Name: IBCNBLA1
    Before: B83105620   After:B100917255  **82,133,149,184,252,271,416,
                                            438,506**
Routine Name: IBCNBLL
    Before:B101908545   After:B138729075  **82,149,153,183,184,271,345,
                                            416,438,435,506**
Routine Name: IBCNEDE2

```
    Before: B60928994    After: B63879348   **184,271,249,345,416,438,506**
Routine Name: IBCNEDE6
    Before: B32414593    After: B33816621   **184,271,345,416,497,506**
Routine Name: IBCNEDEP
    Before: B86075479    After: B83976754   **184,271,300,416,438,506**
Routine Name: IBCNEDST
    Before: B52803166    After: B47395616   **497,506**
Routine Name: IBCNEHL1
    Before:B206919324    After:B215626728   **300,345,416,444,438,497,506**
Routine Name: IBCNEHL3
    Before:B168485042    After:B171692667   **300,416,497,506**
Routine Name: IBCNEHL4
    Before:B174356077    After:B174792299   **300,416,438,497*506**
Routine Name: IBCNEHLM
    Before: B26579443    After: B28096778   **184,251,300,416,438,497,506**
Routine Name: IBCNEHLT
    Before: B77895122    After: B80145618   **184,251,271,300,416,438,506**
Routine Name: IBCNERP8
    Before: B66453982    After: B75472595   **184,271,345,416,506**
Routine Name: IBCNERP9
    Before:B102330381    After:B103562066   **184,271,416,506**
Routine Name: IBCNERPE
    Before: B60593817    After: B65900140   **271,300,416,438,497,506**
Routine Name: IBCNES
    Before: B28429551    After: B63081036   **416,438,497,506**
Routine Name: IBCNEUT1
    Before: B35326232    After: B44078437   **184,497,506**
Routine Name: IBCNSJ12
    Before: B20812349    After: B21606758   **28,62,142,506**
Routine Name: IBCNSJ3
    Before: B17659726    After: B19317542   **28,497,506**
Routine Name: IBCNSM3
    Before: B14041849    After: B14271242   **6,28,85,211,251,399,506**
Routine Name: IBCNSUR
    Before: B23131946    After: B24160231   **103,276,506**
Routine Name: IBCNUPD
    Before: B15205533    After: B19970193   **497,506**
Routine Name: IBJPI
    Before: B21978399    After: B19548396   **184,271,316,416,438,479,506**
Routine Name: IBY506PO
    Before:       n/a    After: B23493376   **506**
```

# 3 Enhancements

The following features in VistA, Integrated Billing are affected by this effort:

## 3.1 Enhancements to the Insurance Buffer

### 3.1.1 Insurance Buffer – Create New 'Complete Buffer' (CB) Screen

Provides a new view, the 'Complete Buffer' (CB) view, within the Insurance Buffer.

### 3.1.2 Insurance Buffer – Default View to be the 'Complete Buffer' (CB) Screen

The Process Insurance Buffer [IBCN INSURANCE BUFFER PROCESS] option defaults to the 'Complete Buffer' (CB) view.

### 3.1.3 Insurance Buffer – 'Complete Buffer' Screen Contents

Contains all of the records found on the other Insurance Buffer views.

### 3.1.4 Insurance Buffer – 'Complete Buffer' Screen Actions

Provides the user with the same actions as found on the Positive Buffer view.

### 3.1.5 Insurance Buffer – Ability to Jump to the 'Complete Buffer' Screen

Provides the capability to jump to the 'Complete Buffer' (CB) screen.

### 3.1.6 Insurance Buffer – 'Positive Buffer' Screen Fix Filter

Contains only non-Medicare records that meet any of the following criteria:
- Non-Medicare records that have an eIV symbol of "+"
- Non-Medicare records that have an "*" that previously had an eIV symbol of "+"
- Non-Medicare records that have an "*" with no current or past eIV symbol
- Non-Medicare records that have a "$" symbol

### 3.1.7 Insurance Buffer – 'Medicare Buffer' Screen Fix Filter

Contains only Medicare records regardless of the eIV symbol.

### 3.1.8 Insurance Buffer – 'Negative Buffer' Screen Fix Filter

Contains only non-Medicare records that meet any of the following criteria:
- Non-Medicare records that have an eIV symbol of "-"
- Non-Medicare records that have an "*" that had an eIV symbol of "-"

### 3.1.9 Insurance Buffer – Remove 'Future Appointments' Screen

The 'Future Appointment' view has been removed from the Insurance Buffer.

### 3.1.10 Insurance Buffer – Create New 'Failure Buffer' (FB) Screen

The 'Failure Buffer' (FB) view is available from within the Insurance Buffer.

### 3.1.11 Insurance Buffer – 'Failure Buffer' Screen Contents

Contains non-Medicare records having an eIV symbol of "!" only.

### 3.1.12 Insurance Buffer – 'Failure Buffer' Screen Actions

Allows the user to perform the same actions as the 'Positive Buffer' view.

### 3.1.13 Insurance Buffer – Remove 'Verify Entry' Action from the Buffer Views

The user can no longer select the action 'Verify Entry' from within the Insurance Buffer.

### 3.1.14 Insurance Buffer – Filter Insurance Buffer Records Based on User's Security Keys (Revised)

All Insurance Buffer views show users (who do NOT have either the new insurance edit key or the new group/plan edit key) only those NON-MEDICARE buffer records that have an eIV symbol of "+" and the patient identified on the buffer record has at least one active policy on their insurance records. (The insurance company name has no part in this comparison.)

- In other words: the user would see the same things on the complete buffer view and the positive view, while all other views will be empty of records.

### 3.1.15 Insurance Buffer – Ability to Jump to the 'Failure Buffer' Screen

All of the views within the Insurance Buffer contain the ability to jump to the 'Failure Buffer' (FB) screen.

### 3.1.16 Insurance Buffer – Remove Ability to Create New Insurance Company

The user no longer has the ability to create a new insurance company from within the Insurance Buffer.

### 3.1.17 Insurance Buffer – Remove Ability to Create New Group/Plan

The user no longer has the ability to create a new group/plan from within the Insurance Buffer.

### 3.1.18 Insurance Buffer – Rename the Insurance Buffer File

The VistA 'Insurance Buffer' (#355.33) file is now named the 'Insurance Verification Processor' (#355.33).

### 3.1.19 Insurance Buffer – Create Insurance Buffer Entry for Appointments with Nationally Inactive Payers

The system creates an Insurance Buffer record with a blank eIV symbol for instances in which the eIV appointment extract would have created an eIV inquiry except for the fact that the payer is nationally inactive.

### 3.1.20 Insurance Buffer – Add "Escalate" Action to the Buffer Views

Displays the new action, "Escalate".

### 3.1.21 Insurance Buffer – Restrict use of the "Escalate" Action

"Escalate" can only be used by users who do NOT have either the new insurance edit key or the new group/plan edit key.

### 3.1.22 Insurance Buffer – Implement the "Escalate" Action

"Escalate" replaces the "+" symbol with a "$" for the selected insurance buffer entry to indicate that the policy on the insurance buffer record cannot be processed by that user.

## 3.2    System Feature: eIV – HL7 Transactions

### 3.2.1 eIV HL7 Transactions - Daily Registration Message to FSC

The system transmits the following data to FSC daily via the eIV Registration message:
- The value of Freshness Days (#350.9,51.01)
- The value of Timeout Days (#350.9,51.05)
- The value of Retry Flag (#350.9,51.26)

### 3.2.2 eIV HL7 Transactions – Receive Retry Flag from FSC

Provides users with the ability to receive the Retry flag when received as an eIV table update message (HL7 MFN^M01).

### 3.2.3 eIV HL7 Transactions – Store Retry Flag from FSC

Provides users with the ability to store the Retry flag within the IB Site Parameters file.

### 3.2.4 eIV HL7 Transactions – Receive Freshness Days from FSC

Provides users with the ability to receive the Freshness Days when received as an eIV table update message (HL7 MFN^M01).

### 3.2.5 eIV HL7 Transactions – Store Freshness Days from FSC

Provides users with the ability to store the Freshness Days within the IB Site Parameters file.

### 3.2.6 eIV HL7 Transactions – Receive Timeout Days from FSC

Provides users with the ability to receive the Timeout Days when received as an eIV table update message (HL7 MFN^M01).

### 3.2.7 eIV HL7 Transactions – Store Timeout Days from FSC

Provides users with the ability to store the Timeout Days within the IB Site Parameters file.

### 3.2.8 eIV HL7 Transactions – Treat all AAA Action Codes as Though the Payer/FSC Responded

The eIV system does NOT resend an inquiry for any X12 271 message that contains an error action code and treats the X12 271 as having received an answer to the X12 270 inquiry.

### 3.2.9 eIV HL7 Transactions – Honor the Retry Flag when Resending an eIV Inquiry

The eIV system only resends an X12 270 message (eIV inquiry) if the Retry flag is set to YES and all other criteria is met.

### 3.2.10 eIV HL7 Transactions – Honor the Timeout Days when Resending an eIV Inquiry

The eIV system only resends an X12 270 message (eIV inquiry) if it has been at least the number of Timeout Days since the last time the eIV inquiry was sent to FSC and all other criteria is met.

### 3.2.11 eIV HL7 Transactions – Honor the 'NUMBER RETRIES' when Resending an eIV Inquiry

The eIV system only resends an X12 270 message (eIV inquiry) if the number of times an eIV inquiry was resent to FSC is less than the 'NUMBER RETRIES' allowed and all other criteria is met.

### 3.2.12 eIV HL7 Transactions – Honor the Payer's Nationally Active Flag when Resending an eIV Inquiry

The eIV system only resends an X12 270 message (eIV inquiry) if the payer defined in the eIV inquiry is currently Nationally Active and all other criteria is met.

### 3.2.13 eIV HL7 Transactions – Do Not Send MailMan Message When Retries are Exhausted

The eIV system does not send a MailMan message when the number of retries for a missing X12 271 message (eIV response) has been exhausted.


## 3.3    System Feature: eIV Site Parameters

### 3.3.1 eIV Site Parameters – Retry Flag Not Editable

The eIV Site Parameters do not display the Retry Flag.

### 3.3.2 eIV Site Parameters - Freshness Days Not Editable

Displays the Freshness Days as viewable only.

### 3.3.3 eIV Site Parameters – Timeout Days Not Editable

The eIV Site Parameters do not display the Timeout Days.

### 3.3.4 eIV Site Parameters – Set the Value of 'NUMBER RETRIES' Field

The eIV Site Parameter, 'NUMBER RETRIES', is initially defined as having a value of "1."

### 3.3.5 eIV Site Parameters – Set the Initial Value of the Retry Flag

The eIV Site Parameter, 'Retry Flag', is initially defined as having a value of "No."

### 3.3.6 eIV Site Parameters – Set the Initial Value of the Freshness Days

The eIV Site Parameter, 'Freshness Days', is initially defined as having a value of "180".

### 3.3.7 eIV Site Parameters – Set the Initial Value of the Timeout Days

The eIV Site Parameter, 'Timeout Days', is initially defined as having a value of "5."

### 3.3.8 eIV Site Parameters - Set the Value of the 'HL7 Response Processing' Field

The eIV Site Parameter, 'HL7 Response Processing' field is initially defined as having a value of 'immediate'.

### 3.3.9 eIV Site Parameters – 'HL7 Response Processing' Field Not Editable

The eIV Site Parameters does not display the 'HL7 Response Processing' field.

### 3.3.10 eIV Site Parameters – Restrict eIV Number of Possible Retries

The eIV Site Parameter, 'NUMBER RETRIES' field is defined as having a value of '1'.

## 3.4     System Feature: Security Keys

### 3.4.1 Security Key – Create New Key to Add/Edit an Insurance Company

Includes a new IB security key to control edits/additions to records in VistA's Insurance Company file.

### 3.4.2 Security Key – Lock the "Insurance Company Entry/Edit" Option

Restricts the ability to add/edit an insurance company through the "Insurance Company Entry/Edit" [IBCN INSURANCE CO EDIT] option to only users with the new IB INSURANCE COMPANY EDIT security key.

### 3.4.3 Security Key – User Requires Key to Add/Edit Insurance Company in the Insurance Buffer

Restricts the ability of users to add/edit an insurance company through the Insurance Buffer to only those users with the new IB INSURANCE COMPANY EDIT security key.

### 3.4.4 Security Key – Create New Key to Add/Edit a Group/Plan

Includes a new IB security key to control edits/additions to records in VistA's Group Insurance Plan file.

### 3.4.5 Security Key – User Requires Key to Add/Edit Group/Plan in the Buffer

Restricts the ability of users to add/edit a Group/Plan through the Insurance Buffer to only those users with the new IB GROUP PLAN EDIT security key.

### 3.4.6 Security Key – Lock the Ability to Create a Group/Plan within 'Patient Insurance Info View/Edit' Option

Restricts the ability of users to add/edit a Group/Plan through the 'Patient Insurance Info View/Edit' option to only those users with the new IB GROUP PLAN EDIT security key.

## 3.5     System Feature: Eligibility Benefits

### 3.5.1 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the 'Process Insurance Buffer' option

Displays the newly formatted eligibility benefit information when accessed by the 'Process Insurance Buffer' option.

### 3.5.2 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the 'TPJI' Option

Displays the newly formatted eligibility benefit information when accessed by the 'TPJI' option.

### 3.5.3 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the 'Patient Insurance Info View/Edit' Option

Displays the newly formatted eligibility benefit information when accessed by the 'Patient Insurance Info View/Edit' option.

### 3.5.4 Eligibility Benefits – Include the Eligibility Benefit Information on the eIV Response Report

Displays the eligibility benefit information that is associated with the X12 271 response on the eIV Response Report.

### 3.5.5 Eligibility Benefits – Store the Service Date on the Patient's Policy Record

Stores on the patient's record the Service Date associated with the eligibility benefits when eligibility benefits are saved from the Insurance Buffer to the patient's policy.

### 3.5.6 Eligibility Benefits – Store the Service Type on the Patient's Policy Record

Stores on the patient's record the Service Type that was inquired about when eligibility benefits are saved from the Insurance Buffer to the patient's policy.

### 3.5.7 Eligibility Benefits – Display the Service Date of the Response

Displays the service date the payer responded to at the top of the Eligibility Benefit section above the insurance status.

### 3.5.8 Eligibility Benefits – Display the Service Type of the Response

Displays the service type inquired about at the top of the Eligibility Benefit section above the insurance status.

### 3.5.9 Eligibility Benefits – Eligibility Benefit (1st Priority Sort Order): Insurance Status

Displays the insurance status of the policy found within the eligibility benefit data at the top of the Eligibility Benefit section.

### 3.5.10 Eligibility Benefits - Eligibility Benefit (2nd Priority Sort Order): Insurance Type

Displays the insurance type of the policy, when available, that is found in the eligibility benefit data as the second data element of the Eligibility Benefit section.

### 3.5.11 Eligibility Benefits – Eligibility Benefit (3rd Priority Sort Order): Coordination of Benefits (COB) (Removed – 08/01/2013)

### 3.5.12 Eligibility Benefits - Eligibility Benefit (4th Priority Sort Order): Indication of Other Insurance

Indicates possible other insurance as the fourth data element of the Eligibility Benefit section, only if the payer's response contains potential additional insurance.